

M13000000605

2018-04-13 11:57:07 CST

12122023573 From: Kimberly Laughrey

4/13/2018

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
2018 APR 13 AM 9:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GSG RESIDENTIAL STONYBROOK LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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J. LEGGETT
APR 13 2018

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GSO RESIDENTIAL STONYBROOK LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

7 Giralda Farms

Madison, New Jersey 07940

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

7 Giralda Farms

Madison, New Jersey 07940

2. The Florida document number of this limited liability company is: M13000000605

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 28, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PR Stonybrook Owner LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if Changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The amendment changes the entity with authority to manage the business of the limited liability company.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	GSG Residential Portfolio, LP	13 Broad Street, Suite 300	<input type="checkbox"/> Add
		Charleston, South Carolina 29401	<input checked="" type="checkbox"/> Remove
Member	PR Stonybrook Holdings LLC	7 Giraldi Farms	<input checked="" type="checkbox"/> Add
		Madison, New Jersey 07940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Thomas Ling

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "GSG RESIDENTIAL
STONYBROOK LLC", CHANGING ITS NAME FROM "GSG RESIDENTIAL
STONYBROOK LLC" TO "PR STONYBROOK OWNER LLC", FILED IN THIS
OFFICE ON THE TWELFTH DAY OF APRIL, A.D. 2018, AT 8:18 O'CLOCK
A.M.



5275719 8100
SR# 20182630792

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202498288
Date: 04-12-18